REQUEST FOR ADVANCED SICK LEAVE

Section 1: To be completed by the individual requesting leave

1. NAME:	2. SSN:	3. UNIT/ADDRESS

4. BRANCH/OFFICE:	5. TECH GRADE:	6. JOB TITLE:

7. HOURS REQUESTED:	8. INCLUSIVE DATES: FROM: TO:	9. USE TYPE: ☐ INTERMITTENT ☐ CONTINUOUS	10. NTE DATE:

11. REASON FOR REQUESTING ADVANCED LEAVE:

12. DATE:	13. SIGNATURE OF INDIVIDUAL REQUESTING ADVANCED LEAVE:

Section 2: To be completed by Supervisor

14. CURRENT BALANCES:

SICK: _____ ANNUAL: _____ COMP: _____

15. I HAVE REVIEWED THE ABOVE REQUEST AND APPROVE THE ADVANCE OF _____ HOURS OF SICK LEAVE:

16. DATE:	17. TITLE:	18. SIGNATURE:

Section 3: To be completed by Human Resource Office

19. LEAVE STATUS:

☐ APPROVED   ☐ DISAPPROVED

20. REMARKS:

21. DATE:	22. TITLE:	23. SIGNATURE: